

INCIDENT REPORT & INVESTIGATION FORM



Region: NSW (Policy #: 93428016) ACT (Policy #: 2995496GWC)

Please print clearly and tick the correct box

Status: Employee Contractor Other
Incident Type: Near miss Hazard Injury Fatality

1. PERSONAL DETAILS

Name: _____ Phone: (H) _____ (W) _____
Address: _____ Sex: M F
_____ Date of birth: _____
_____ Position: _____
Employment arrangement: Casual Full-time Part-time Other

2. DETAILS OF INCIDENT

Date: _____ Time of Incident: _____ am / pm
Time commenced work: _____ am / pm
Location & Address of Incident: _____
Describe what happened and how: _____

3. DETAILS OF WITNESSES

Name: _____ Phone: _____
Title: _____
Address: _____

4. DETAILS OF INJURY

Nature of injury : (eg burn, cut, sprain) _____
Location on body: (eg back, left forearm) _____

5. TREATMENT ADMINISTERED

First Aid Medical Treatment Hospital Treatment Other _____
Treatment Providers name: _____
Contact Details: _____
Date and time Incident reported to HTN: _____

INCIDENT REPORT & INVESTIGATION FORM



INTERNAL USE ONLY:

6. INCIDENT INVESTIGATION (analyse the details of incident/injury)

7. INCIDENT & RETURN TO WORK OUTCOME

Incident: Notification Only Workers Comp Claim Notifiable Incident

Return to Work: Returned to Normal Duties Returned to Restricted Duties Unfit for Work

Date: ----- Date: -----

8. RISK ASSESSMENT

Level of risk: (low/medium/high): -----

Likelihood of reoccurrence: -----

Severity of consequences: -----

9. ACTIONS TO PREVENT RECURRENCE

Action	By whom	By when	Date completed

10. INVESTIGATION COMPLETED BY

Name & Position: -----

Signature :----- Date: -----

Feedback & corrective actions provided to person involved Movement advice completed

Name & Signature: ----- Date:-----

11. SIGN OFF

Reviewed by Operations Manager (signed): ----- Date: -----

Reviewed by WH&S Coordinator (signed): ----- Date:-----

Scheduled to Discuss at next WHS Meeting – Date:----- Payroll Advised